

INSURANCE VERIFICATION FORM

PATIENT INFORMATION

Patient Name: _____ Social Security Number: _____
Birthdate: _____ Relationship to Subscriber: _____

SUBSCRIBER INFORMATION

Subscriber Name: _____ Social Security Number: _____
Birthdate: _____ Subscriber ID Number: _____

INSURANCE INFORMATION

Insurance Company: _____
Address: _____ Phone Number: _____
Employer: _____ Group Number: _____
Effective Date: _____ Renewal Month: _____ Yearly Maximum \$ _____
Deductible Per Individual \$ _____ Deductible Per Family \$ _____ This deductible applies to: ☐ Preventative ☐ Basic ☐ Major

PREVENTATIVE COVERAGE

Covered at _____ % Is there a waiting period for preventative coverage? ☐ Yes ☐ No Effective Date: _____
Prophylaxis/Exam Frequency: _____ Bitewing Frequency: _____
Eligible for an FMS every: _____ years Last FMS: _____ Eligible for an FMS now? ☐ Yes ☐ No
Fluoride Varnish (D1203/D1204/D1206) Frequency: Is _____
there an age limit on fluoride varnish applications? ☐ Yes ☐ No If yes, at age: _____
Is there sealant (D1351) coverage? ☐ Yes ☐ No Teeth covered: ☐ Molars ☐ Premolars
Is there an age limit on sealants? ☐ Yes ☐ No If yes, at age: _____
Replacement on sealants is: _____

BASIC COVERAGE

Covered at _____ % Is there a waiting period for basic coverage? ☐ Yes ☐ No Effective Date: _____
Includes: _____

MAJOR COVERAGE

Covered at _____ % Is there a waiting period for major coverage? ☐ Yes ☐ No Effective Date: _____
Includes: _____

PERIODONTAL COVERAGE

Does the patient have any history of SRP (D4341/D4342)? ☐ Yes ☐ No If yes, when? _____
Is SRP (D4341/D4342) covered? ☐ Yes ☐ No Frequency: _____
Can SRP (D4341/D4342) be performed on all quadrants at the same visit? ☐ Yes ☐ No
If not, what is the waiting period? _____
Can an adult prophylaxis and isolated SRP (D4342) be done at the same visit? ☐ Yes ☐ No
If not, what is the waiting period? _____
Is periodontal maintenance (D4910) covered? ☐ Yes ☐ No Frequency: _____

IMPLANT COVERAGE

Are endosteal implants (D6012) covered? ☐ Yes ☐ No If yes, covered at _____ %

Are bone replacement grafts (D7953) covered? ☐ Yes ☐ No If yes, covered at _____ %

Are guided-tissue regeneration barriers (D4266/D4267) covered? ☐ Yes ☐ No If yes, covered at _____ %

Are implant abutments (D6056/D6057) covered? ☐ Yes ☐ No If yes, covered at _____ %

Are implant crowns (D6065/D6066/D6067) covered? ☐ Yes ☐ No If yes, covered at _____ %

Is a pre-determination required prior to implant surgery? ☐ Yes ☐ No

ORTHODONTIC COVERAGE

Are orthodontics covered? ☐ Yes ☐ No If yes, covered at _____ %

Is there an age limit on orthodontic coverage? ☐ Yes ☐ No If yes, at age: _____

Is there a lifetime maximum? ☐ Yes ☐ No If yes, the lifetime maximum is: _____

MISCELLANEOUS

Are nightguards (D9940) covered? ☐ Yes ☐ No If yes, covered at _____ %

Is nitrous oxide (D9230) covered? ☐ Yes ☐ No If yes, covered at _____ %

Replacement on crowns and bridges is: _____ years

Replacement on complete and partial dentures is: _____ years

Are prior extractions covered (missing tooth clause)? ☐ Yes ☐ No

ADDITIONAL NOTES

Completed By: _____ Date: _____